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U.S. PTO

UTILITY PATENT APPLICATION
TRANSMITTAL UNDER 37 CFR 1.53(b)

ATTORNEY DOCKET 83825HEC
Customer No. 01333

To: Commissioner for Patents
Box Patent Application
Washington, D.C. 20231
INK JET PRINTING METHOD

Express Mail Label No.
EL656966498US
Date: December 12, 2001
ART UNIT - 1774
Sugg. Class - 428/195

First Named Inventor (or Application Identifier):
David Teegarden, et al

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10/020762

Enclosed are:

- 1. ☒ Specification
- 2. ☐ Sheet(s) of drawing(s)
- 3. ☒ Information Disclosure Statement Under 37 CFR 1.97.
- 4. Combined Declaration for Patent Application and Power of Attorney:
 - 4a. ☒ New
 - 4b. ☐ Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)
- 5. ☐ Assignment of the invention to **Eastman Kodak Company**
- 6. ☐ Certified copy of a priority document.
- 7. ☐ Associate Power of Attorney
- 8. ☐ Deletion of Inventor(s).

9. ☐ Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

10. ☐ If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:
--CROSS REFERENCE TO RELATED APPLICATION
Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

- 11. ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. ,
- 12. ☒ Please address all written communications to Paul A. Leipold, Patent Legal Staff, Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201. Please Direct all telephone calls to Harold E. Cole at (585) 722-9225.

The filing fee has been calculated as shown below:

| FOR: | NO. FILED | NO. EXTRA | RATE | FEE |
|-------------------------------------------------------------|-----------|-----------|--------------|---------------|
| BASIC FEE | | | | \$ 740 |
| TOTAL CLAIMS | 14 - 20 = | 0 | x 18 = | \$ 0 |
| INDEPENDENT CLAIMS | 1 - 3 = | 0 | x 84 = | \$ 0 |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED | | | + 280 | \$0 |
| | | | TOTAL | \$ 740 |

- ☒ Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of \$ 740 .
A duplicate copy of this sheet is enclosed
- ☒ The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.
A duplicate copy of this sheet is enclosed.

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